

# Savoy Coyote Incident Report Form

Date of interaction: \_\_\_\_\_ Time of interaction: \_\_\_\_\_

Type of interaction: *Observation, Sighting, Encounter, Pet attack (pet attended or unattended)*

Duration of interaction: \_\_\_\_\_ Number of coyotes: \_\_\_\_\_

Address of interaction: \_\_\_\_\_

Activity of reporting party prior to interaction (if any): walking, running, riding bike, walking dog, other \_\_\_\_\_

Name of reporting party: \_\_\_\_\_

Address of reporting party: \_\_\_\_\_

Phone number(s): \_\_\_\_\_

Was the coyote being intentionally fed? \_\_\_\_\_

Was there pet food present? \_\_\_\_\_

Was unsecured garbage present? \_\_\_\_\_

Were there other attractants present? (bird food, fruit, compost, etc.) \_\_\_\_\_

Was a pet involved? \_\_\_\_\_

Type of pet? \_\_\_\_\_

Breed/weight of pet? \_\_\_\_\_

Was pet on a lease? \_\_\_\_\_

Description of interaction/what happened. You may include physical features/characteristics of the coyote(s) (e.g. limping, height, body condition) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Actions taken by reporting party? (walked/ran away, hazed coyote, approached, etc.)

\_\_\_\_\_

How did the coyote respond? (ran away, approached, etc.) \_\_\_\_\_

\_\_\_\_\_

Please send form to: *Robert C. McCleary Municipal Center, 611 N. Dunlap Ave., Savoy, IL 61874*

Or email form to: *joan.dykstra@savoy.illinois.gov*.